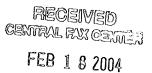
Ziołkowski Patent Solutions Group, LLC 14135 N. Cedarburg Rd. Mequon, WI 53097-1416 262-376-5170





## FACSIMILE TRANSMISSION

Date: February 18, 2004

PLEASE DELIVER THE FOLLOWING PAGES TO:

TO

**US PTO** 

FAX NUMBER:

703-872-9306

FROM: Timothy J. Ziolkowski

NUMBER OF PAGES (including cover) \_\_\_\_4\_

The attached Change of Correspondence Addresses are being re-sent per the Examiner's request.

## FAX COVER NOTE OF CONFIDENTIALITY

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipients named above. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this

**CHANGE OF** 

10/054,657

1/22/2002

PTO/SB/122 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

CORRESPONDENCE ADDRESS  Application		Filing Date			1/22/2002			
		First Named Inventor			Bogner et al.			
			Art Unit			1725		
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Examiner Name			McHenry, K			
		Attorney Docket Number			ПЖ7510.051			
Please change the Correspondence Address for the above-identified application to:								
X Customer Number: 33647								
OR								
Firm or Individual Name Ziołkowski Patent Solutions Group, LLC								
Address	14135 North Cedarburg Road							
Address						~15	53097	
City	Mequon	State	w _			ZIP	1 23081	
Country	USA							
Telephone	Telephone 262-376-5170 Fax 262-376-2894							
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X Attorney or Agent of record. Registration Number 48,865.  Registered practitioner named in the application transmittal tetter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number  Typed or Printed J. Mark-Wilkinson.  Signature Telephone 262-376-5170								
NOTE: Signétures of all the inventors or assigneed of record of the entire interest or their representative(s) are required. Submit multiple								
forms if more than one signature is required, see below								
* Total of	forms are submitted.			to a transfer by	v than Mil	hlic which	is to file (and by the USPTO	
Total of tornis are submitted.  This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO This collection of information is required by 35 U.S.C 122 and CFR 1.14. This collection is estimated to take 3 minutes to complete to process) an application. Confidentiality is governed by 35 U.S.C 122 and CFR 1.14. This collection is estimated to take 3 minutes to complete to process, and submitting the completed application form to the USPTO. Time will vary depending upon the individual sase. Any comments on the gathering, preparing, and submitting the complete this form and/or suggestions to reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and amount of time you require to complete this form and/or suggestions to reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and amount of time you require to complete this form and/or suggestions to reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and amount of time you require to complete this form and/or suggestions to reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and amount of time you require to complete this form and/or suggestions to reducing the Suggestion of the USPTO.  This collection is required to take 3 minutes to take 3 minutes to take 3 minutes to take 3 minutes to take 4 minutes								
Date:								
		Date						